

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09783101
APPLICANT(S)

FILING DATE
2/15/01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*3rd Ammt		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		51						
2		1		1		1	52	1					
3		1		1		1	2 53		1				
4		1		1		1	3 54						
5		1		1		1	4 55						
6		1		1		1	5 56						
7		1		1		1	6 57						
8		1		1		1	7 58						
9		1		1		1	8 59						
10		1		1		1	9 60						
11		1		1		1	10 61						
12		1		1		1	11 62						
13		1		1		1	12 63						
14		1		1		1	13 64						
15		1		1		1	14 65						
16	1	1		1		1	15 66						
17		1		1		1	16 67						
18	1	1		1		1	17 68						
19	1	1		1		1	18 69						
20		1		1		1	19 70						
21		1		1		1	20 71						
22	1	1		1		1	21 72						
23		1		1		1	22 73						
24		1		1		1	23 74						
25		1		1		1	24 75						
26		1		1		1	25 76						
27		1		1		1	26 77						
28		1		1		1	27 78						
29		1		1		1	28 79						
30		1		1		1	29 80						
31		1		1		1	30 81						
32		1		1		1	31 82						
33		1		1		1	32 83						
34		1		1		1	33 84						
35		1		1		1	34 85						
36		1		1		1	35 86						
37		1		1		1	36 87						
38		1		1		1	37 88						
39		1		1		1	38 89						
40		1		1		1	39 90						
41		1		1		1	40 91						
42		1		1		1	92						
43		1		1		1	93						
44		1		1		1	94						
45		1		1		1	95						
46		1		1		1	96						
47		1		1		1	97						
48		1		1		1	98						
49		1		1		1	99						
50		1		1		1	100						
TOTAL IND.	5		4		4		TOTAL IND.	4					
TOTAL DEP.	19		12		12		TOTAL DEP.	12					
TOTAL CLAIMS	24		16		16		TOTAL CLAIMS	16					

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